

PTO/SB/01A (08-03)

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### DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| Title of Invention   WEAPON CADDY                                                                                                                                                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| As the below named inventor(s), I/we declare that:                                                                                                                                                                                                                |                                                        |
| This declaration is directed to:                                                                                                                                                                                                                                  |                                                        |
| The attached application, or                                                                                                                                                                                                                                      |                                                        |
| Application No. <u>10/723,487</u> ,                                                                                                                                                                                                                               | filed on November 26, 2003                             |
| as amended on                                                                                                                                                                                                                                                     | (if applicable);                                       |
| I/we believe that I/we am/are the original and first inventor(s) of the subject sought;                                                                                                                                                                           |                                                        |
| I/we have reviewed and understand the contents of the above-identified a<br>amendment specifically referred to above;                                                                                                                                             | pplication, including the claims, as amended by any    |
| I/we acknowledge the duty to disclose to the United States Patent and Tra material to patentability as defined in 37 CFR 1.56, including for continua became available between the filing date of the prior application and the continuation-in-part application. | ition-in-part applications, material information which |
| All statements made herein of my/own knowledge are true, all statements to be true, and further that these statements were made with the knowledge punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and repatent issuing thereon.               | ledge that willful false statements and the like are   |
|                                                                                                                                                                                                                                                                   |                                                        |
| FULL NAME OF INVENTOR(S)                                                                                                                                                                                                                                          |                                                        |
| Inventor one: Scott A. McCuskey                                                                                                                                                                                                                                   |                                                        |
| Signature Citizen of: Unite                                                                                                                                                                                                                                       | ed States of America                                   |
| Inventor two: Shane C. McCuskey                                                                                                                                                                                                                                   |                                                        |
| Signature:Citizen of:Citizen of:                                                                                                                                                                                                                                  | ed States of America                                   |
| Inventor three:                                                                                                                                                                                                                                                   |                                                        |
| Signature:Citizen of:                                                                                                                                                                                                                                             |                                                        |
| Inventor four:                                                                                                                                                                                                                                                    |                                                        |
| Signature:Citizen of:                                                                                                                                                                                                                                             |                                                        |
| Additional inventors or a legal representative are being named on                                                                                                                                                                                                 | additional form(s) attached hereto.                    |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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#### POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number     | 10/723,487        |
|------------------------|-------------------|
| Filing Date            | 11/26/03          |
| First Named Inventor   | Scott A. McCuskey |
| Title                  | WEAPON CADDY      |
| Art Unit               | 3632              |
| Examiner Name          |                   |
| Attorney Docket Number | SAMC 63916        |

| I hereby appoint:                                                                                                                                                                                      |                                                                      | r                  |           | <del></del>           | _                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------|-----------|-----------------------|---------------------------------|
| Practitioners associate                                                                                                                                                                                | ed with the Customer Number:                                         |                    | 296       | 94                    |                                 |
| OR                                                                                                                                                                                                     |                                                                      | L                  |           |                       |                                 |
| Practitioner(s) named                                                                                                                                                                                  | below:                                                               |                    |           |                       |                                 |
|                                                                                                                                                                                                        | Name                                                                 |                    |           | Registration I        | Number                          |
|                                                                                                                                                                                                        |                                                                      |                    |           |                       |                                 |
|                                                                                                                                                                                                        |                                                                      |                    |           |                       |                                 |
|                                                                                                                                                                                                        |                                                                      |                    |           |                       |                                 |
| as my/our attorney(s) or ager<br>Trademark Office connected                                                                                                                                            | nt(s) to prosecute the application therewith.                        | identified above,  | and to tr | ansact all business i | in the United States Patent and |
| Please recognize or change                                                                                                                                                                             | the correspondence address for                                       | the above-identifi | ed applic | ation to:             |                                 |
|                                                                                                                                                                                                        | •                                                                    |                    |           | allori to.            |                                 |
| The address associ                                                                                                                                                                                     | ated with the above-mentioned (                                      | Customer Numbe     | r:        |                       |                                 |
| OR                                                                                                                                                                                                     |                                                                      |                    |           |                       |                                 |
| The address assoc                                                                                                                                                                                      | iated with Customer Number:                                          |                    |           |                       |                                 |
|                                                                                                                                                                                                        | ated with Sustainer Humber.                                          |                    |           |                       |                                 |
| OR Firm or                                                                                                                                                                                             |                                                                      |                    |           |                       |                                 |
| Individual Name                                                                                                                                                                                        | Tara L. Pfaeffle                                                     |                    |           |                       |                                 |
| Address                                                                                                                                                                                                | Pietragallo, Bosick & Gordon                                         | n                  |           |                       |                                 |
| Address                                                                                                                                                                                                | One Oxford Centre, 38th Flo                                          | oor, 301 Grant Str |           | ·                     |                                 |
| City                                                                                                                                                                                                   | Pittsburgh                                                           |                    | State     | PA                    | Zip 15219                       |
| Country                                                                                                                                                                                                | USA                                                                  |                    |           |                       |                                 |
| Telephone                                                                                                                                                                                              | (412) 263-4385                                                       |                    | Fax       | (412) 261-0915        |                                 |
| l am the: Applicant/Inventor.                                                                                                                                                                          |                                                                      |                    |           |                       |                                 |
|                                                                                                                                                                                                        | of the entire interest. See 37 CFF<br>CFR 3.73(b) is enclosed. (Form |                    |           |                       |                                 |
|                                                                                                                                                                                                        | SIGNATURE of                                                         | f Applicant or As  | signee c  | of Record             |                                 |
| Name Scott A. McCush                                                                                                                                                                                   | кеу                                                                  |                    |           |                       |                                 |
| Signature Scool                                                                                                                                                                                        | nc ciaz                                                              |                    |           |                       |                                 |
| Date (0-)-0L                                                                                                                                                                                           | -1 0                                                                 |                    |           | Telephone             |                                 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                                                                      |                    |           |                       | ubmit multiple                  |
| *Total of 2                                                                                                                                                                                            | _ forms are submitted.                                               |                    |           |                       | ·                               |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Title                                  | WEAPON CADDY                                           |
| Art Unit                               | 3632                                                   |
| Examiner Name                          |                                                        |
| Attorney Docket Number                 | SAMC 63916                                             |

| Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |  |  |
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| Bradilionar(s) named below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |  |  |
| Practitionarie) named below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |  |
| Fractionies (a) named below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |  |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United Sta<br>Trademark Office connected therewith.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tates Patent and                                |  |  |
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| Please recognize or change the correspondence address for the above-identified application to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |  |
| The address associated with the above-mentioned Customer Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |  |  |
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| Firm or Tara L Picotto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · / ·                                           |  |  |
| Individual Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |  |  |
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| One Salar Control Cont | One Oxford Centre, 38th Floor, 301 Grant Street |  |  |
| City Pittsburgh State PA Zip 15215 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                               |  |  |
| Telephone (412) 263-4385 Fax (412) 261-0915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fax (412) 261-0915                              |  |  |
| lam the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |  |  |
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| 1 [7]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |  |  |
| Applicant/inventor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |  |  |
| 1 [7]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |  |  |
| Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |  |  |
| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |  |
| Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |  |
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